

SUBMIT TO:

Substance Abuse Division
Wyoming Prevention Framework
6101 Yellowstone Road - Suite 220
Cheyenne, WY 82002-0480

EXPENDITURES FOR REPORTING PERIOD
October 15, 2007

<i>Cost Description</i>	Budgeted Amount	Current Expenditures	Year to Date Expenditures	% Exp.
PERSONNEL SERVICES				
Salaries & Wages	\$25,800.00	\$0.00	\$5,000.00	19.4%
Employer Paid Benefits	\$7,393.00	\$0.00	\$0.00	0.0%
SUPPORTING SERVICES				
Internet Service	\$100.00		\$0.00	0.0%
Telephone /Cell Phone	\$2,000.00	\$47.18	\$232.11	11.6%
Other: Occupancy	\$4,000.00	\$654.21	\$3,005.90	75.1%
TRAVEL/TRAINING/MEETINGS				
Travel In-State	\$983.00	\$457.14	\$830.36	84.5%
Training Fees	\$3,100.00		\$0.00	0.0%
Miscellaneous Meeting Expenses	\$400.00		\$0.00	0.0%
Other	\$15,525.00		\$16,602.46	106.9%
SUPPLIES				
Office (Consumable)	\$400.00		\$0.00	0.0%
Postage	\$300.00		\$0.00	0.0%
Copying and printing	\$200.00		\$777.47	388.7%
Other				
EQUIPMENT (Please itemize)				
CONTRACTUAL SERVICES: Attach a copy of the contract or agreement to this invoice				
A. WYSAC for evaluation	\$3,620.00		\$3,602.00	99.5%
B. SPF - TAC for technical assistance	\$5,792.00	\$0.00	\$0.00	0.0%
C.				
D.				
E.				
MISCELLANEOUS COSTS				
A. Bank Fees				
B. Media	\$1,224.00		\$0.00	0.0%
C. Indirect Costs.	\$1,470.00		\$0.00	0.0%
D. Background Checks	\$100.00		\$0.00	0.0%
TOTAL	\$72,407.00	\$1,158.53	\$30,050.30	

LEAD AGENCY: Peak Wellness Center

COUNTY: Platte

NAME, PHONE, AND EMAIL OF AUTHORIZED OFFICIAL:

I certify that the expenditures reported above have been funded totally with funds awarded by the Wyoming Department of Health, and are for the sole purpose of the Fiscal Year 2007 WY Prevention Framework contract.

SIGNATURE OF AUTHORIZED OFFICIAL

DATE